

State of Utah Department of Workforce Services Office of Child Care



PROGRAM NATIONAL ACCREDITATION REIMBURSEMENT GRANTS

SECTION 1: ELIGIBILITY AND INFORMATION

- For DWS Eligible center and family child care programs fully licensed by the Utah Department of Health - Child Care Licensing
- Reimburse up to \$2,500 per program site in accreditation fees for accreditations that earn points in CCQS Domain 5:
 - National Early Childhood Program Accreditation
 - o National Association for the Education of Young Children
 - Council on Accreditation
 - National Accreditation Commission
 - National Association for Family Child Care
- Applications submitted June 1-30 of each year will be processed July 1.
- Please allow up to 6 weeks for processing
- Email application to <u>urpd@usu.edu</u>

SECTION 2: REIMBURSEMEN I agree to upload a copy o the Care About Child webs	f the Program's proo	of Accreditation to the "Recogning application.	tions" tile on
Type of Accreditation:			
Requested amount of reimbur (maximum of \$2500)	rsement: \$	Copy of receipt included: [Yes No
necessary for your payment. Payment Works account to s	Please watch your e submit your SSN or E	to request and verify sensitive information on how to created and banking information for disation required for each site if a	eate a rect deposit.
CEOTION O. I NOOKAIII IDEN		ation required for each site if a	
Program name: (legal name of program)			
Program telephone:			
Street address:			
		Zip code: _	
Owner name:		Cell phone number:	
Email address of whom the pay	ment will go to:		

I certify that the information I have given on this application is true and correct to the best of my knowledge. I understand I can be penalized by law if I commit perjury by purposely providing false information on this application and may be required to return award funds received by providing false information and/or be subject to fines. I also understand I may lose my privilege to participate in future Department of Workforce Services grant programs.

Owner signature: _/s/				Date:			
URPD OFFICE USE ONLY							
License check	Primary caregiver verified	Amount	Date	Approved	Index #	Acct code	